



PURCHASE ORDER

PO Number: 303-2-0218

Requisition Number: 303-2-00440

Order Date: 10/4/2021

Released

**DUE TO COVID-19 AND TFC'S COMMITMENT TO TIMELY PAYMENT,
PLEASE SUBMIT INVOICE ELECTRONICALLY TO:**

accountspayable@tfc.state.tx.us

IF INVOICE IS MAILED, DELAYS MAY OCCUR.

TEXAS FACILITIES COMMISSION

FISCAL MANAGEMENT / ACCOUNTS PAYABLE

P.O. BOX 13047 Austin, Texas 78711-3047

Delivery Location

Multiple -- see line item detail

Attn: Pete Garcia

Show numbers on all papers and packages

Referenced Source or Vendor

17419760511

Workquest / Austin Task Inc.

1011 East 53 1/2 Street

Austin, TX 78751

Abby Monk

Phone: 512-451-8145, Fax: 512-637-7465

amonk@tibh.org

Description PM Pest Control at BHB, JHW and JER Cafeterias.

Price Per Attached Quote Dated 09/08/2021.

TFC Contact:

Pete Garcia

512-463-3566

TIBH:

§ 2155.441. PREFERENCE FOR PRODUCTS OF PERSONS WITH MENTAL RETARDATION OR PHYSICAL DISABILITIES.

(a) The products of workshops, organizations, or corporations whose primary purpose is training and employing individuals having mental retardation or a physical disability shall be given preference if they meet state specifications regarding quantity, quality, delivery, life cycle costs, and price.

(b) The workshops, organizations, or corporations shall test the products to the extent necessary to ensure quality in accordance with Section 2155.069 and may enter into contracts with a private or public entity to assist with testing.

(c) The commission is not required to purchase products under this section that do not meet formal state specifications developed by the commission or meet commercial specifications approved by the commission.

Work Inspection:

Services performed under this agreement are not considered complete for purposes of payment until TFC, or its authorized designee, inspects and accepts the work performed by the vendor.

Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
PM Pest Control monthly services beginning October 2021 through August 2022.						
Location:						
BHB Cafeteria: \$80/Month - \$880/Annually						
JHW Cafeteria: \$80/Month - \$880/Annually						
JER Cafeteria: \$80/Month - \$880/Annually	11	Months	\$240.00	10/1/2021	8/31/2022	\$2,640.00
Provide all labor, tools, materials and equipment necessary for PM pest control dated 09/08/2021.						
NIGP Class: 910						
NIGP Item: 59						
Object Class: 266						
Reimbursement Type: Not Reimbursable						
Additional Services excluded pests as needed.						
NIGP Class: 910						
NIGP Item: 59	1	Lot	\$2,500.00	10/1/2021	8/31/2022	\$2,500.00
Object Class: 266						
Reimbursement Type: Not Reimbursable						
Grand Total						\$5,140.00

Questions or concerns regarding this transaction or service should be directed to: Texas Facilities Commission Procurement Division, Phone: (512)463-0209 or FAX: (512)236-6164 (The mailing address for the Texas Facilities Commission is at the top of this purchase order.)

Agency	TFC
Fiscal Year	2022
Division	Facilities Management and Operations
Program	Property Services
Phone	5124633566
Org Code	0452 - Custodial - Austin Nights
Type of Purchase/PCC Code	' ' Exempt with Specific Legal Cite
Work Order Number	n/a

ALL TERMS AND CONDITIONS SET FORTH IN OUR BID INVITATION BECOME A PART OF THIS ORDER. VENDOR GUARANTEES MERCHANDISE WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.

Invoicing Standards

To facilitate payments from Texas Facilities Commission please follow the invoicing standards set forth below.

The invoice should include, but is not limited to including:

- (1) the vendor's mailing and e-mail (if applicable) address;
- (2) the vendor's telephone number;
- (3) the name and telephone number of a person designated by the vendor to answer questions regarding the invoice;

- (4) the state agency requisition number;
- (5) the state agency's name, agency number, and delivery address;
- (6) the commission's purchase order number, if applicable;
- (7) the contract number or other reference number if applicable;
- (8) a valid Texas Identification Number (TIN) issued by the Comptroller of Public Accounts;
- (9) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (10) unit numbers corresponding to the original order; and
- (11) other relevant information supporting and explaining the payment requested or identifying a successor organization to an original vendor, if necessary.

FOB DESTINATION CASH DISCOUNT: 0% 0 DAYS.

TEXAS FACILITIES COMMISSION INTERNAL PURCHASING

PURCHASER: _____

Jordan, Michelle - CTCD,

(IN ACCORDANCE WITH YOUR BID, SUPPLIES MUST BE PLACED IN THE AGENCY RECEIVING ROOM IN DAYS FROM RECEIPT OF ORDER.)

STATE AND CITY SALES TAX EXEMPTION CERTIFICATE: The undersigned claims an exemption from taxes under Tex. Tax Code § 151.309 (1993), for purchase of tangible property described in this purchase order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

[.\(Show Terms And Conditions...\)](#)